



Region 2

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/03/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000137091</b>
<b>INSTALLATION NAME:</b>	<b>HOSTOS COMMUNITY COLLEGE - TRAILER #5</b>
<b>INSTALLATION ADDRESS :</b>	<b>427 WALTON AVE BRONX, NY 10451</b>
<b>MAILING ADDRESS :</b>	<b>500 GRAND CONCOURSE BRONX, NY 10451</b>

EPA Form 8700-12AB (4-80)


**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: HOSTOS COMMUNITY COLLEGE - TRAILER #5  
or Current Occupant  
ATTN: FRANK VIRONE  
500 GRAND CONCOURSE  
BRONX, NY 10451**

*Wall Dr*

*new #*

<b>MAIL COMPLETED FORM TO:</b>  NYSDEC 625 BROADWAY ALBANY, NY 12233-7250	<b>NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION</b>  <b>SITE IDENTIFICATION FORM</b> <b>2005</b>		
<b>1. Reason for Submittal</b> (See instructions on page 8)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number</b> (See page 8)	EPA ID Number NYIR 000137091		
<b>3. Site Name</b> (See page 8)	Name: HOSTOS COMMUNITY COLLEGE - TRAILER SITE #5		
<b>4. Site Location Information</b> (See page 8)	Street Address: 427 WALTON AVENUE City, Town, or Village: BRONX      State: NY County Name: BRONX      Zip Code: 10451		
<b>5. Site Land Type</b> (See page 8)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (See page 8)	A. 61131      B. C.      D.		
<b>7. Site Mailing Address</b> (See page 9)	Street or P. O. Box: 500 GRAND CONCOURSE City, Town, or Village: BRONX State: NY Country: USA      Zip Code: 10451		
<b>8. Site Contact Person</b> (See page 9)	First Name: FRANK      MI:      Last Name: VIRONE Phone Number: 718-518-4476      Extension:      Email address:		
<b>9. Operator and Legal Owner of the Site</b> (See pages 9)	A. Name of Site's Operator: CUNY-HOSTOS COMMUNITY COLLEGE      Date Became Operator (mm/dd/yyyy): 05/01/1989 Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/>		

[NY] \_\_\_\_\_

ENVIRONMENTAL PROTECTION  
AGENCY REGION II  
2006 FEB 13 AM 9:52

<b>9. Operator and Legal Owner of the Site -con't (See pages 9)</b>	<b>B. Name of Site's Legal Owner:</b> DORMITORY AUTHORITY OF THE STATE OF NEW YORK		<b>Date Became Owner (mm/dd/yyyy):</b> 07/01/1990
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
	<b>Street or P O Box:</b> 1 PENN PLAZA, 52ND FLOOR		<b>City:</b> NEW YORK
	<b>State:</b> NEW YORK		
	<b>Country:</b> USA		<b>Zip Code:</b> 10119

**10. Type of Regulated Waste Activity**  
 Mark Yes or No for all activities; complete any additional boxes as instructed. (See instructions on pages 10 -12.)

**A. Hazardous Waste Activities in 2006**  
Complete all parts for 1 through 6.

**Y ☒ N ☐ 1. Generator of Hazardous Waste**  
If Yes, choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

**Y ☐ N ☒ d. United States Importer of Hazardous Waste**

**Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator**

**Y ☐ N ☒ 2. Transporter of Hazardous Waste**

**Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)**

**Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**  
If Yes, mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

**Y ☐ N ☒ 6. Underground Injection Control**

<p><b>B. Universal Waste Activities</b></p> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) (refer to your State regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. If Yes, mark all boxes that apply:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">Generate</th> <th style="text-align: center; border-bottom: 1px solid black;">Accumulate</th> </tr> </thead> <tbody> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Thermostats</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste</b> Note: A hazardous waste permit may be required for this activity.</p>		Generate	Accumulate	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>C. Used Oil Activities</b> Mark all boxes that apply.</p> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Used Oil Transporter</b> If Yes, mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Used Oil Processor and/or Re-refiner</b> If Yes, mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Off-Specification Used Oil Burner</b></p> <p><b>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Used Oil Fuel Marketer</b> If Yes, mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
	Generate	Accumulate														
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>														
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>														

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## 11. Description of Hazardous Wastes (See instructions on page 12)

A. **Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations.

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12. Comments (See instructions on page 13)

ITEM 11: Leaking petroleum tank resulted in RCRA TCLP lead in soil.

This EPA ID number will be for 1-time use ONLY.

**13. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 13)

SIGNATURE of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MICHAEL STABULAS, DIRECTOR	1/12/06
	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	





**Dormitory Authority**  
**State of New York**

*Gail H. Gordon, Chair*  
*David D. Brown, IV, Executive Director*

June 6, 2007

United States Environmental Protection Agency  
Region 2  
RCRA Office  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007

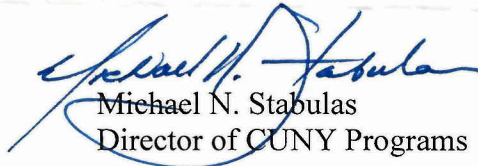
**Re: RCRA ID NYR000137091**  
**Hostos Community College – Trailer Site # 5**  
**Bronx, NY**

To Whom It May Concern:

The Dormitory Authority of the State of New York (DASNY) is submitting this request to close Resource Conservation and Recovery Act (RCRA) Identification Number NYR000137091. This ID Number was opened for the removal of hazardous lead soil from the project site located at Hostos Community College – Trailer Site # 5 in the Bronx, NY. All hazardous lead soil has been removed and disposed off-site at a permitted facility. The RCRA ID is no longer needed and we respectfully request that the No NYR000137091 be closed.

Please feel free to contact our office at 212-273-5090 if there are any questions or problems with this request. Thank you for your time concerning this matter.

Very truly yours,

  
Michael N. Stabulas  
Director of CUNY Programs

cc: Samir Rimawi (DASNY)  
Esther Hundley (CUNY)  
Tarek Khuri (Langan Engineering)

**CORPORATE HEADQUARTERS**

515 Broadway  
Albany, New York 12207-2964

Tel: 518-257-3000  
Fax: 518-257-3100

**NEW YORK OFFICE**

One Penn Plaza, 52nd Floor  
New York, New York 10119-0098

Tel: 212-273-5000  
Fax: 212-273-5121

**BUFFALO OFFICE**

539 Franklin Street  
Buffalo, New York 14202-1109

Tel: 716-884-9780  
Fax: 716-884-9787

**WEB**

[www.dasny.org](http://www.dasny.org)



Eugenio María de Hostos Community College  
Of The City University of New York  
500 Grand Concourse, Bronx, New York 10451  
Phone (718) 518-4308



Division of Administration & Finance

May 31, 2007

United States Environmental Protection Agency, Region 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, New York 10007-1866

Re: Hostos Community College – Trailer #5  
EPA ID Number: NYR000137091

Dear Sir/Madam:

Hostos Community College would like to deactivate EPA ID Number NYR000137091 for our Trailer #5. This number was obtained by a contractor for a one time removal of RCRA listed waste. The project is complete and this number is no longer needed.

If you have questions regarding this letter, please do not hesitate to contact me at (718) 518-4349.

Sincerely,

Diahann McFarlane  
Environmental Health and Safety Officer

cc: Frank Virone – Hostos Community College  
Steve Delgado – Hostos Community College  
Michael Spath – CUNY